

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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|---|-----------------------|---|--|---|--|
| DOCUMENT # A94000001815 1. Entity Name BENAIM FAMILY LIMITED PARTNERSHIP | | | | | |
| Principal Place of Business 956 POMPANO DR. JUPITER, FL 33458 | | | Mailing Address C/O MONROE N. BENAIM P.O. BOX 3719 TEQUESTA, FL 33469 | | |
| 2. Principal Place of Business - No P.O. Box # 7340 S.W. 56th St | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01042007 Chg-LP CR2E003 (12/06) | |
| City & State Miami FL | | City & State | | 4. FEI Number 65-0547319 | |
| Zip 33155 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BENAIM, MONROE N 535 E. INDIANTOWN RD. JUPITER, FL 33477 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 956 POMPANO DR. City Jupiter FL Zip Code 33458 | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE _____ | |
| FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 | | | | | |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. | | | | | |
| 12. GENERAL PARTNER INFORMATION | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # | P94000051284 | | STREET ADDRESS | | |
| NAME | BENAIM, INCORPORATED | | CITY-ST-ZIP | | |
| STREET ADDRESS | 7340 S.W. 56TH STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33156 | | CITY-ST-ZIP | | |
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Monroe N. Benaim 1/26/07 561 743-4629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #